

SCHOOL INSPECTION

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Date of Inspection: 5-18-09
 School Name & address: Bensalem High School
4319 Hulmeville Rd
Bensalem PA 19020
 Principal: Frank Perry
 Phone #: _____

Number of occupants? _____ Students: 1940 Employees: 220

If school building(s) leased, list the owner's name and address:

Contact person:

Phone#: () _____

Total number of buildings _____ Grades(i.e., k, k-12) _____

Building	Construction Date	Included in MP		If no. Date first used as a school
		Y	N	

Location of MP: _____

MANAGEMENT PLAN INFORMATION

Is Management Plan available? ☒ Yes ☐ No (explain)

Date of MP: 1987
 Company name/address: Eagle Industrial Hygiene Associates

Date of inspection: _____
 Inspector(s): _____ Accreditation State & No.: _____
 (List training info on back of this sheet) Accreditation State & No.: _____
 Person developed by: _____ Accreditation State & No.: _____
 (List training info on back of this sheet)

List training information for all persons involved with inspections and management plan development

29. What type and amount of Asbestos-Containing Building Material (ACBM) is located in LEA's school building(s) (Obtain copies from management plan)?
30. Are training records for all maintenance and custodial staff included with the MP? ☒ Yes ☐ No
31. Are state accreditation or training records for all persons involved in major asbestos activities included with the MP? ☒ Yes ☐ No
32. Are periodic surveillance records included with the MP? ☒ Yes ☐ No
33. Are periodic surveillance records

- | | | | |
|-----|---|-----|----|
| 34. | Are reinspection records included with the MP? | Yes | No |
| 35. | Were samples collected of surfacing materials? | Yes | No |
| 36. | Is Laboratory that performed analysis of bulk sample(s) accredited (NVLAP). | Yes | No |
| 37. | List the NVLAP accreditation number _____. | | |
| 38. | If yes to question 7, were the appropriate number of samples taken? | | |
| | 3 from each Homogeneous Area $\leq 1,000$ sqft | Yes | No |
| | 5 from each Homogeneous Area $> 1,000$ sqft but $< 5,000$ sqft | Yes | No |
| | 7 from each Homogeneous Area $> 5,000$ sqft | Yes | No |
| 39. | List and or obtain copies from <u>each</u> reinspection performed(use the back of this sheet or separate sheet of paper): | | |
| | <ul style="list-style-type: none"> • date of inspection, • firm name and address, • inspector(s) name, accreditation state/number, & training information • management planner's name, accreditation state/number, & training information | | |
| 40. | Review inspection/reinspections condition assessments for ACBM.
Is any ACBM listed as significantly damaged or damaged? | Yes | No |
| 41. | If yes to question to question 12, | | |
| | <ul style="list-style-type: none"> • Did the management planner make recommendations for response actions? • Did the LEA complete these response actions in the time frame suggested? • Are there records documenting these response actions? | Yes | No |
| 42. | Perform a walk through of each functional space (room/location) that was identified with ACBM and verify that response actions address the recommendations of the management plan | | |